

Louisiana Department of Health Informational Bulletin 22-31 September 28, 2022

Enteral Formula Reimbursement Changes and Publication of New Fee Schedules

Effective with dates of service on or after January 1, 2023, Louisiana Medicaid will implement changes to enteral formula provided through the Durable Medical Equipment (DME) program. These changes include:

- Reimbursement based on the Healthcare Common Procedure Coding System (HCPCS) to align with other state Medicaid programs, Medicare and commercial payers;
- Publication of a new Enteral Formula fee schedule with updated rates for each HCPCS;
- Removal of the requirement to include the National Drug Code (NDC) for enteral formula reimbursement with the exception of metabolic formulas, which are only available to the Office of Public Health; and
- Publication of a new Metabolic Enteral Formula fee schedule. The NDC will remain a requirement and the rates will remain unchanged for these formulas.

This administrative simplification project will allow providers to bill one HCPCS code for multiple flavors and brands that fall under that same HCPCS code set. The Louisiana Department of Health expects this change to simplify the billing process for providers and reduce the need for new prior authorization (PA) requests and/or requests for reconsideration when there is a change in the enteral formula prescribed.

For Fee-for-Service beneficiaries, providers may utilize the same PA-01 form when requesting a PA. Because the NDC will no longer be required, the PA request will be processed with or without it.

There will be no change to the DME provider manual. Fee schedules will be posted to lamedicaid.com no later than close of business on November 30, 2022.

Each managed care organization (MCO) shall update their systems within 30 days of the publication of the fee schedule.

For questions related to this information as it pertains to Fee-for-Service Medicaid claims

processing, please contact Gainwell Technologies Provider Services at (800) 473-2783 or (225) 924-5040.
Questions regarding managed care claims should be directed to the appropriate MCO.